

Dokument

Datum:2023-04-27

Projektnummer: Ange diarienummer

# Special needs: application/certificate

Please fill in the information below. Return it signed, scanned and by mail to [nordplus@uhr.se](mailto:nordplus@uhr.se). Note that this form should be signed by the legal representative and school nurse/doctor. **Note:** There is no need for the student’s/students’ name(s) or civic number(s). Do not send in any other formal medical certificate.

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| **Project id (year/number)** |  |
| **Name of coordinating school/contact person** |  |
| **Type of activity (class exchange/pupil exchange)** |  |
| **Number of students** |  |
| **Sex (male/female)** |  |
| **The trip - from which county to which country. Use the unit costs in the Handbook.** |  |
| **Board/lodging/accommodation (use unit costs in the Handbook)** |  |
| **Number of days/weeks** |  |
| **The estimated additional grant needed (in €)** |  |

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Date and city Signature legal representative

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| **Reason for extra need of funds (type of disorder/diagnosis)** |  |

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Date and city Signature (school nurse)